

a patient does not have severe coronary disease and it is not used in guiding management of the persistent symptoms after the test is completed.

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## A Reliable Method of Determining Intravascular Volume

We find the most reliable method for following a patient's intravascular volume is the measurement of the blood pressure in two positions, mainly looking for postural hypotension. If I had to have one clinical method, I would take that. You can't use the dryness of the mouth to determine dehydration because some patients are mouth-breathers and they all have dry mouths, or many of them do. You can't use axillary perspiration . . . But the most reliable thing clinically is to measure their blood pressure lying in bed and sitting up with their feet dangling. Now, it isn't enough just to have them sit up in bed. They must dangle their feet. I must agree that occasionally you may have a problem with an old person who has been lying in bed for many months and suddenly you rush in and have the patient sit up. That may be the last time you examine him. Obviously, you must pick your case. But if you get greater than a 20 mm drop of mercury mean pressure, you would then have a pretty good indication that the patient has hypovolemia. Now, there are certain problems here . . . Again if the patient is an old person and has been lying in bed for a very long time, you may get a postural drop and he may not be hypovolemic. If the patient has autonomic dysfunction (diabetes, let's say), you may get a postural drop and he may not be hypovolemic. The clue here is, of course, that the pulse rate will not go up. You may also be fooled by a patient who is taking an antihypertensive drug, such as methyldopa (Aldomet®), which produces postural hypotension. But again, the best clinical guide we have is this postural change.

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